



## 2010 Internet Café Sponsorship Contract

Please check the conference(s) and sponsorship level in which you would like to participate:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>2010 Spring Conference</b> | March 21-23, 2010 - Hilton Harrisburg          |
| <input type="checkbox"/> <b>2010 Annual Conference</b> | August 8-11, 2010 – Penn Stater, State College |
| <input type="checkbox"/> <b>2010 Fall Conference</b>   | November 21-23, 2010 - The Hotel Hershey       |

**Platinum Ribbon Conference Sponsor (\$5,000)**

*Platinum ribbon sponsors are entitled to two free individual Conference registrations (or one exhibit booth space at the Annual Conference if space is available at the time this contract is received). Please send the name and title of the intended participants as well as your organization logo, half page black-and-white advertisement and company description (250 words or less) to CCAP immediately.*

**Gold Ribbon Conference Sponsor (\$2,500)**

*Gold ribbon sponsors are entitled to one free Conference registration. Please send the name and title of the intended participant as well as your organization logo to CCAP immediately.*

**Silver Ribbon Conference Sponsor (\$1,000)**

*Please send your organization logo to CCAP immediately.*

**Bronze Ribbon Conference Sponsor (\$500)**

My organization hereby agrees to sponsor the CCAP Conference(s) as marked above for the indicated amount. You can expect an electronic confirmation of sponsorship immediately following receipt of your sponsorship contract at CCAP. Should you not receive a confirmation, please contact CCAP immediately to ensure that your contract has been received and processed. **All sponsorship contracts must be received twenty business days prior to the start date of the conference. Should my organization be unable to fulfill its sponsorship contract, a written notice of cancellation must be received by CCAP twenty business days prior to the start date of the conference to be released from this contract.** Cancellations received less than twenty business days prior to the start date of the conference will be subject to an administrative fee of 20 percent of the sponsorship value.

Please complete information as you would like it to appear in the conference program.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Web Site: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

**Payment Information:**     Check enclosed (payable to CCAP)     Invoice requested

Visa     Mastercard    Expiration Date: \_\_\_\_\_    Zip Code Of Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_    Security Code (three digit): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**Return your contract to Mandi Glantz at CCAP via fax (717) 526-1020 or mail to CCAP, PO Box 60769, Harrisburg PA 17106-0769.**